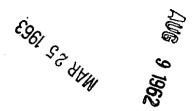
				SION OF HEALTH — STANDA THEALTH AND WELFARE A	ARD CERTI	FICATE O	F DEATH		62-029	804
DO NOT WRITE		ENDED		260	ary Registration Dist	rict No. 307	6 Registrar's No	142	STATE FILE NU	JABER
VS 300	 <u>@</u>			1. PLACE OF DEATH a. COUNTY Vernon			2. USUAL RESIDENCE		lived. If institution:	Residence before admission)
Rev. 4/59	AMENDED			b. CITY (If outside corporate limits, give TOWNS OR TOWN Nevada	HIP only) Len	gth of stay in 1b 2 years	c. CITY OR TOWN N	evada		Inside Limits Yes No
2 1085	DATE A			c. FULL NAME OF (If NOT in hospital, give locat HOSPITAL OR INSTITUTION Nevada Hospita		Inside Limits Yes 🙀 No 🗆	d. STREET ADDRESS 819	West Sycan	e, give location)	Reside on Farm
3 2				3. NAME OF DECEASED First (Type or print) Ralph	Edward	, -	Last USON	4. DATE OF DEATH Augus	Month Day 0± 2 1962	Year
5 /				5. SEX 6. COLOR OR RACE white	Widowed 🗌	Never Married [9/19/1887	9. AGE (last birthda 74	Months Days	Hours Min.
	§		ł_	Oa. USUAL OCCUPATION (Give kind of work done spring most of working life aven if retired) RELITED (USECUTION 3a. FATHER'S NAME	Public So	ness or industry <u>chools</u> er's maiden name	Topeka	Kansas	(Y) 12. CITIZEN OF	WHAT COUNTRY
8 - 1	LOTTON			Walter Ferguson 5. WAS DECEASED EVER IN U.S. ARMED FORCES?	Anna	e Griggs L SECURITY NO.			r Ferguson Address	
92144	AKE AS		_ _	(es, no, or unknown) (If yes, give war or dates of s	ervio		Mrs Helen 1		Nevada. Mi	ASOURI ITERVAL BETWEEN NSET AND DEATH
10	EAD OF	ыммеріате cause (a)Aleucemic Leukemia							3 Months	
$\frac{12}{13}/-0$	SIN		i	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)						
l t	5		CERTIFICATION	PART II. OTHER SIGNIFICANT CO disease condition given in	ONDITIONS CONTRI 1 PART I (a)	BUTING TO DEATH	I but not related to t	he terminal PA	RT III. If deceased there a pregna	incy in last 90 day
INK RIBBO	AMENDAMENTS			19. WAS AUTOPSY 20a. ACCIDENT SUICIDE PERFORMED?	HOMICIDE	20ь. DESCRIBE HOV	W INJURY OCCURRED. (Enter nature of injury	y in PART I or PART I	of item 18.)
			MEDICAL	20c. TIME OF Hour Month, Day, Year INJURY e.m. p.m.	OF INJURY (e.g., in	or about home, 2	of. CITY, TOWN, OR L	OCATION	COUNTY	STATE
	READ			WHILE AT WORK NOT WHILE AT WORK 5-2	3–62	bidg., etc.)		ast saw him alive on	8-2-62	
USE BLACK OR TYPEWRITER	JLD RE			21. I attended the deceased from	11:66 A.	m on the	e date stated above, and			
USE	SHOULD	NIT OF		almallen)	ee or title)	CEMETERY OR CREA	226. ADDRESS 216 East Hu	inter. Neva	ida, Missour	22c. DATE SIGNE
	NO.	AFFIDAVIT	يك ا	ss. BURIAL, CREMATION, 26b. DATE REMOVAL (Specify) 8/4/1962 4. FUNERAL DIRECTOR ADD					souri	(State)
	ITEM	BY A	E	chinger-Milster Funeral H	ome Miss	ouri &	4-/962 ent on Reverse Side)	am	a &	erry



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	T 1000
Student	Signed Yerry F. Mulster
Signature of Student Embalmer	Licensed Embalmer No. 4805
	P. O. Address Newacla, No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.